SAINT PAUL

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

 Telephone:
 651-266-8989

 Facsimile:
 651-266-9124

 Web:
 www.stpaul.gov/dsi

BUILDING TRADES BUSINESS LICENSE APPLICATION (For New Applicants Only)

Mail application to above address. Please fill out this form completely and clearly. (Pease print or type.) Please make checks payable to: City of St. Paul Thic is the Office Conv. Your License will be your Precipit

| This is the Office Copy - Your License will be your Receipt | | | | | |
|---|----------------------------------|---------------------------------------|-----------------------|-------------------|--|
| | | | | | |
| | | | | | |
| Business Name | | | | | |
| | | | | | |
| Business Address Business Phone Number | | | | | |
| Dusiness Address Phone Number | | | | | |
| | | | | | |
| City | State | | Zip | | |
| • | | | | | |
| MINNESOTA TAX IDENTIFICATION NUMBER: | | | | | |
| | | | | | |
| | | | | | |
| Applicant's Last Name Fire | Position (officer, partner, etc) | | | | |
| TRADE LICENSES (\$160.00 Each) | Master Holder | Master Holder's Name | | Competency Number | |
| Cement Finishing | | · · · · · · · · · · · · · · · · · · | , | | |
| Concrete Masonry | | | | | |
| Concrete Masonry & Finish Cement | | | | | |
| Gas Burner A | | | | | |
| Other Fuels | | | | | |
| Oil Burner A | | | | | |
| Plastering | | | | | |
| Plumbing/Gas Fitting | | | | | |
| Refrigeration A | | | | | |
| Steam Fitting A | | | | | |
| Warm Air | | | | | |
| Ventilation | | | | | |
| Sign Contractor/Operator \$160.00 | | | | | |
| Wrecking License \$ 55.00 | | | | | |
| Elevator Operator (new) \$2.00 (renew) \$1.00 | | | | | |
| Please complete the following if paying by credit card: | Master Card Visa | Master Card Exp. Date: Visa Month/Yr: | | | |
| Enter Your Account Number in the Boxes Below: | | | | | |
| | | T | T T | ı | |
| | | | | | |
| | | | | | |
| Date: Name of Applicant | | Signature of A | applicant (Required f | or all charges) | |
| | | | | | |

J:\Forms 375 Jackson\MSWord\Trades\BUILDING TRADES APP09.doc 2/09hl

TRADE LICENSE REQUIREMENTS

- \$160.00 annual fee for each trade license.
- Master Certificate of Competency card issued by the City of Saint Paul for the same year as the license. Exception: Reciprocal Warm Air and/or Ventilation License require proof of a Master's card issued by the City of Minneapolis and valid for the current renewal year.
- **25,000 State Mechanical Bond** Any questions call Minnesota Department of Labor and Industry, 651-284-5896.

• Insurance Requirements:

- Worker's Compensation Insurance information is now required. See attached form.
- Current Certificate of Insurance for Bodily Injury and Property Damage combined of \$500,000.00.
- Saint Paul City Ordinance 8.02 requires 30 days written notice of cancellation on all insurance.
- Minnesota Business Tax ID number must be on file with our department. (Call 651-296-6181 for Tax ID #)
- **ATTENTION PLUMBERS**: Both a \$25,000 Plumbing Bond and a \$25,000 Mechanical bond are now required to be filed with the Minnesota Department of Labor and Industry. Plumbing Bond 651-284-5888; Mechanical Bond 651-284-5896. If your insurance is included on bond, no separate certificate of insurance is required.

• Wrecking License Requirements:

- \$55.00 Annual Fee
- \$10,000 Surety bond obtained from a licensed Minnesota agency.
- o Minnesota Business Tax Identification Number
- Worker's Compensation Form

• Sign Contrator/Operator License Requirements:

- \$160.00 Annual Fee.
- \$10,000 City of St Paul Uniform License & Permit Bond or \$8,000 State of Minnesota Bond (651-296-2488). Both bonds must be obtained from a licensed Minnesota agency.
- o Minnesota Business Tax Identification Number
- Worker's Compensation Form

Elevator Operator License Requirements:

o \$2.00 Original License Fee. \$1.00 Renewal Fee.

Certification of Compliance with the Minnesota Worker's Compensation Law According to Minnesota Statutes 176.182, Licensing agencies are prohibited from issuing licenses without verification of workers' compensation coverage. (please print). Any questions on filling out this form should be directed to the State of Minnesota "Special Compensation Fund" 651-296-2117.